

FORM PTO-1390 (Modified)  
(REV 10-95)

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

ATTORNEY'S DOCKET NUMBER

**TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371**

1780

U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR

**10/069452**INTERNATIONAL APPLICATION NO.  
**PCT/DE 01/00591**INTERNATIONAL FILING DATE  
**FEBRUARY 16, 2001**PRIORITY DATE CLAIMED  
**FEBRUARY 26, 2000**

TITLE OF INVENTION

**MEASURING INSTRUMENT AND METHOD FOR DETECTING A FORCE**

APPLICANT(S) FOR DO/EO/US

**Michael HOFSAESS**

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1. ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2. ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3. ☐ This is an express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).
4. ☐ A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.
5. ☒ A copy of the International Application as filed (35 U.S.C. 371 (c) (2))
  - a. ☐ is transmitted herewith (required only if not transmitted by the International Bureau).
  - b. ☒ has been transmitted by the International Bureau.
  - c. ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
6. ☒ A translation of the International Application into English (35 U.S.C. 371(c)(2)).
7. ☐ A copy of the International Search Report (PCT/ISA/210).
8. ☐ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))
  - a. ☐ are transmitted herewith (required only if not transmitted by the International Bureau).
  - b. ☐ have been transmitted by the International Bureau.
  - c. ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - d. ☐ have not been made and will not be made.
9. ☐ A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
10. ☒ An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
11. ☐ A copy of the International Preliminary Examination Report (PCT/IPEA/409).
12. ☐ A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).

**Items 13 to 18 below concern document(s) or information included:**

13. ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
14. ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
15. ☒ A **FIRST** preliminary amendment.  
A **SECOND** or **SUBSEQUENT** preliminary amendment.
16. ☐ A substitute specification.
17. ☐ A change of power of attorney and/or address letter.
18. ☒ Certificate of Mailing by Express Mail
19. ☐ Other items or information:

**ET 47336777US**

| U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR 1.107) <b>107069452</b>   |              | INTERNATIONAL APPLICATION NO.<br>PCT/DE 01/00591 |   | ATTORNEY'S DOCKET NUMBER<br><b>1780</b> |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
|--|--------------|--|---|---|--------------|--------------|------|--|--------------|-----------|---|-----------|---------------|--------------------|---------|---|-----------|---------------|---|--|--|--|---------------|--------------------------------------|--|--|--|-------------------|--|--|--|--|---------------|-------------------|--|--|--|-------------------|--|--|--|--|---------------|--|-----------------------------|--|--|--|-------------------|--|--|--|--|--|---------------|--|------------------------------|--|--|--|-------------------|--|--|--|--|--|---------------------------|----|--|--|--|--|---------|----|--|--|
| 20. The following fees are submitted:<br><b>BASIC NATIONAL FEE ( 37 CFR 1.492 (a) (1) - (5)) :</b><br><div style="margin-left: 20px;"><input type="checkbox"/> Search Report has been prepared by the EPO or JPO ..... <b>\$930.00</b><br/><input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) ..... <b>\$720.00</b><br/><input type="checkbox"/> No international preliminary examination fee paid to USPTO (37 CFR 1.482) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) ..... <b>\$790.00</b><br/><input checked="" type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... <b>\$1,070.00</b><br/><input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(2)-(4) ..... <b>\$98.00</b></div> <div style="text-align: right; margin-top: 10px;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></div>   |              |  |   | <b>CALCULATIONS PTO USE ONLY</b>        |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30  |              |  |   | <b>\$1,040.00</b>                       |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:15%;">CLAIMS</th><th style="width:20%;">NUMBER FILED</th><th style="width:20%;">NUMBER EXTRA</th><th style="width:10%;">RATE</th><th style="width:25%;"></th></tr></thead><tbody><tr><td>Total claims</td><td>10 - 20 =</td><td>0</td><td>x \$18.00</td><td style="text-align: center;"><b>\$0.00</b></td></tr><tr><td>Independent claims</td><td>2 - 3 =</td><td>0</td><td>x \$80.00</td><td style="text-align: center;"><b>\$0.00</b></td></tr><tr><td colspan="4">Multiple Dependent Claims (check if applicable). <input type="checkbox"/></td><td style="text-align: center;"><b>\$0.00</b></td></tr><tr><td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td><td style="text-align: center;"><b>\$1,040.00</b></td></tr><tr><td colspan="4">Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable). <input type="checkbox"/></td><td style="text-align: center;"><b>\$0.00</b></td></tr><tr><td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td><td style="text-align: center;"><b>\$1,040.00</b></td></tr><tr><td colspan="4" style="vertical-align: top;">Processing fee of <b>\$130.00</b> for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492 (f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td><td style="text-align: center; vertical-align: top;"><b>\$0.00</b></td><td></td></tr><tr><td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td><td style="text-align: center;"><b>\$1,040.00</b></td><td></td></tr><tr><td colspan="4" style="vertical-align: top;">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). <input type="checkbox"/></td><td style="text-align: center; vertical-align: top;"><b>\$0.00</b></td><td></td></tr><tr><td colspan="4" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td><td style="text-align: center;"><b>\$1,040.00</b></td><td></td></tr><tr><td colspan="4"></td><td style="text-align: center;">Amount to be:<br/>refunded</td><td style="text-align: center;">\$</td></tr><tr><td colspan="4"></td><td style="text-align: center;">charged</td><td style="text-align: center;">\$</td></tr></tbody></table> |              |  |   | CLAIMS                                  | NUMBER FILED | NUMBER EXTRA | RATE |  | Total claims | 10 - 20 = | 0 | x \$18.00 | <b>\$0.00</b> | Independent claims | 2 - 3 = | 0 | x \$80.00 | <b>\$0.00</b> | Multiple Dependent Claims (check if applicable). <input type="checkbox"/> |  |  |  | <b>\$0.00</b> | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <b>\$1,040.00</b> | Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable). <input type="checkbox"/> |  |  |  | <b>\$0.00</b> | <b>SUBTOTAL =</b> |  |  |  | <b>\$1,040.00</b> | Processing fee of <b>\$130.00</b> for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492 (f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30 |  |  |  | <b>\$0.00</b> |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  | <b>\$1,040.00</b> |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable). <input type="checkbox"/> |  |  |  | <b>\$0.00</b> |  | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | <b>\$1,040.00</b> |  |  |  |  |  | Amount to be:<br>refunded | \$ |  |  |  |  | charged | \$ |  |  |
| CLAIMS   | NUMBER FILED | NUMBER EXTRA                                     | RATE  |   |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| Total claims   | 10 - 20 =    | 0  | x \$18.00   | <b>\$0.00</b>                           |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| Independent claims   | 2 - 3 =      | 0  | x \$80.00   | <b>\$0.00</b>                           |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| Multiple Dependent Claims (check if applicable). <input type="checkbox"/>  |              |  |   | <b>\$0.00</b>                           |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |  |   | <b>\$1,040.00</b>                       |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable). <input type="checkbox"/>   |              |  |   | <b>\$0.00</b>                           |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| <b>SUBTOTAL =</b>  |              |  |   | <b>\$1,040.00</b>                       |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492 (f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30   |              |  |   | <b>\$0.00</b>                           |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| <b>TOTAL NATIONAL FEE =</b>  |              |  |   | <b>\$1,040.00</b>                       |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
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| <b>TOTAL FEES ENCLOSED =</b>   |              |  |   | <b>\$1,040.00</b>                       |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
|  |              |  |   | Amount to be:<br>refunded               | \$           |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
|  |              |  |   | charged                                 | \$           |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| <div><input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.</div> <div><input checked="" type="checkbox"/> Please charge my Deposit Account No. <b>19-4675</b> in the amount of <b>\$1,040.00</b> to cover the above fees.<br/>A duplicate copy of this sheet is enclosed.</div> <div><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <b>19-4675</b> A duplicate copy of this sheet is enclosed.</div>  |              |  |   |   |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>   |              |  |   |   |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| <b>SEND ALL CORRESPONDENCE TO:</b>   |              |  |   |   |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |
| <b>STRIKER, STRIKER &amp; STENBY</b><br>103 EAST NECK ROAD<br>HUNTINGTON, NEW YORK 11743   |              |  | <div style="text-align: center;"><br/>_____<br/><b>SIGNATURE</b></div> <div><b>MICHAEL J. STRIKER</b><br/>_____<br/><b>NAME</b></div> <div><b>27233</b><br/>_____<br/><b>REGISTRATION NUMBER</b></div> <div><b>OCTOBER 25, 2001</b><br/>_____<br/><b>DATE</b></div> |   |              |              |      |  |              |           |   |           |               |                    |         |   |           |               |   |  |  |  |               |                                      |  |  |  |                   |  |  |  |  |               |                   |  |  |  |                   |  |  |  |  |               |  |                             |  |  |  |                   |  |  |  |  |  |               |  |                              |  |  |  |                   |  |  |  |  |  |                           |    |  |  |  |  |         |    |  |  |

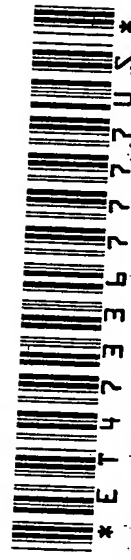
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10/069452

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